

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Anthony E. BOLTON et al.

Title: TREATMENT OF  
ENDOTHELIN-RELATED  
DISORDERS

Appl. No.: 10/815,509

Filing Date: 3/31/2004

Examiner: Ernst V. Arnold

Art Unit: 1616

Confirmation  
Number: 8220

**ISSUE FEE TRANSMITTAL**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed herewith are:

- Issue Fee Transmittal Form PTOL-85(B) (1 pg.);
- Assertion of Small Entity Status (1 pg.);
- Fees in the amount of \$1,000.00 for payment of the Issue Fee and the Publication Fee are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 10, 2007

By Gerald F. Swiss

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**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**  
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38706 7590 04/16/2007

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,509	03/31/2004	Anthony E. Bolton	355908-3951	8220

TITLE OF INVENTION: TREATMENT OF ENDOTHELIN-RELATED DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/16/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
ARNOLD, ERNST V		1616	424-529000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56).	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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(A) NAME OF ASSIGNEE

Vasogen Ireland Limited

Shannon, County Clare, Ireland

Please check the appropriate assignee category (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Gerald F. Lewis

Date 7/10/07

Registration No. 30,113

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